(5)

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 110817
Permit No. —
Basin 101

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 64964-9

1. OWNER A&K Earthmovers, Inc.
MAILING ADDRESS P.O. Box 1059
Fallon, NV 89407

ADDRESS AT WELL LOCATION Bottom Rd.
Fallon, NV 89406
Subdivision Name: County: Churchill

2. LOCATION SE ¼ SW ¼ Sec 26 T 19N N/S R 28 E
PERMIT/WAIVER No. DEW-82 (Issued by Water Resources) ID 4019 Parcel No.

Latitude 39.47634
Longitude -118.81280
UTM E N
☐ NAD 27 ☒ NAD 83/WGS 84

3. WORKED PERFORMED
☒ New Well ☐ Replace ☐ Recondition ☐ Deepen ☐ Other

4. PROPOSED USE
☐ Domestic ☐ Irrigation ☐ Test ☒ Municipal/Industrial ☐ Monitor ☐ Stock

5. WELL TYPE
☐ Cable ☒ Rotary ☐ RVC ☐ Air ☐ Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
Brown Sand		0	8	8
Brown Clay		8	14	6
Brown Sand	X	14	40	26

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Plugged by Well Log 114488

GPS NAD-27
39.476423 °N
118.811813 °W

Date started: 10-Mar, 20 10
Date completed: 10-Mar, 20 10

9. WELL CONSTRUCTION
Depth Drilled 40 Feet Depth Cased 40 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
22	Inches	0	Feet	40	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
8.625	8.26	.508	0	40

Perforations:
Type of perforation Well Screen
Size of perforation 0.032
From 10 feet to 40 feet
From feet to feet
From feet to feet
From feet to feet
From feet to feet

Annular Seal: ☐ Yes ☐ No
☐ Neat Cement to ☐ Pumped ☐ Poured
☐ Cement Grout to ☐ Pumped ☐ Poured
☐ Concrete Grout to ☐ Pumped ☐ Poured
☒ ≥30% Bentonite Grout 0 to 3 ☐ Pumped ☒ Poured

Gravel Pack: ☒ Yes ☐ No 40 to 3 ☐ Pumped ☒ Poured
Type: 3/8 Well gravel
Bentonite Chips: ☐ Yes ☒ No to ☐ Pumped ☐ Poured
Type:

7. Water Level
Static water level: 5 feet below land surface
Artesian Flow: G.P.M. P.S.I.
Water Temperature: Cool °F
Quality: Unknown

8. WELL TEST DATA
TEST METHOD: ☐ Bailer ☐ Pump ☒ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision and the report is true to the best of my knowledge.
Name Parsons Drilling, Inc. (Contractor)
Address P.O. Box 1265 (Contractor)
Fallon, NV 89407
Nevada contractor's license number issued by the *State Contractor's Board* 29064
Nevada driller's license number issued by the Division of Water Resources, the *on-site driller* ~~2307~~
Signed (By driller performing actual drilling on site or contractor)
Date 3/11/2010

(Rev. 05-06)

USE ADDITIONAL SHEETS IF NECESSARY

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